

ARTICLE 5
SECTION 3
ABD LINKAGE

1. GENERAL

This section explains program requirements and verification procedures for linkage to aged, blind and disabled benefits (ABD).

It is important to evaluate eligibility under ABD linkage because this category gives greater income deductions which may mean a lower share-of-cost. Additionally, adults age 21 through 64 may have no other linkage to the Medi-Cal program. Persons who have linkage to other categories while the disability referral is in process will continue to have Medi-Cal eligibility determined according to the requirements of those categories. MPG Article 5, Section 4 explains the disability referral procedures.

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Proc. 4A

2. ELIGIBILITY REQUIREMENTS

A. Basic Requirements

Persons eligible under ABD must meet the property, citizenship, alien status, residence, institutional status, and cooperation requirements specified in MPG Articles 4, 6, 7 and 9. They must also meet the share-of-cost requirements of MPG Article 12.

MEM 50203

B. Linkage Requirements

To be linked to ABD persons must be one of the following:

1) Aged

Persons are aged when they become 65 years of age. Persons are considered 65 years of age on the first day of the month they become age 65; or

MEM 50221

2) Blind

Persons are blind when a medical evaluation determines that they have either of the following conditions:

MEM 50219

a) Central vision acuity of no more than 20/200 with correction; or

b) Tunnel vision, which is a limited visual field of 20 degrees or less; or

3) Disabled

Persons are disabled when they are one of the following:

a) Federally disabled according to the criteria in Title II or XVI of the Social Security Act; or

b) Substantial Gainful Activity (SGA) disabled persons who were once determined to be disabled according to the SSI/SSP program and meet both of the following conditions:

(1) Were eligible for SSI/SSP but became ineligible because of substantial gainful activity as defined in Title XVI regulations; and

(2) Continue to suffer from the physical or mental impairment which was the basis of the disability determination.

MEM 50223

3. VERIFICATION REQUIREMENTS

A. Aged

The applicant/beneficiary's statement of age is acceptable verification unless there is conflicting information. For example, if the verification of identity shows a person to be 55, while the person claims to be 65, other verification is required to clarify the discrepancy.

B. Blindness and Disability

Blindness and disability will be verified by:

MEM 50167

1) Determining that the person was eligible to MN Medi-Cal on the basis of blindness or disability in December 1973, and that there has been continuing eligibility since that time; or

2) Obtaining verification that a prior determination of blindness or disability is still valid. Verification will be obtained and documented by viewing a copy of any of the following items and noting in the case record the date of the award letter or notification, and the disability onset and reexamination dates:

a) A Social Security Administration Title II award letter indicating receipt of disability benefits (provided the reexamination date has not passed or a reexamination date is not indicated and the applicant is still receiving those benefits), or

b) A Social Security Administration notification that Title I disability benefits have been increased or decreased (provided the applicant is still receiving those benefits), or

c) A Railroad Retirement Board notification of a disability award based on total and permanent disability (provided the applicant is still receiving those benefits), or

d) A signed statement from the Social Security Administration that states that the person is eligible to Title II benefits on the basis of a disability; or

e) Data on the SDX, MEDS, or a signed statement from the Social Security Administration, indicating that a person was discontinued from SSI/SSP for

reasons other than termination of disability, and a limited disability evaluation referral is completed by the worker within twelve months of the SSI/SSP discontinuance date; or

- f) A signed statement from the Social Security Administration verifying the disability onset date, even though the person may not have been in receipt of Title II/SSI benefits due to the SSA waiting period.

State
Clarification

- 3) One of the following forms indicates the individual a presumptive disability (Appendix C) that has been verified by Form 16-3 DSS or other letter from a physician, licensed or certified psychologist, or authorized member of their staff, Form DHS 7035A/DHS 7035C for HIV or Form CMS-2728 (or prior version HCFA-2728) for End Stage Renal Disease. Except for persons whose qualifying condition is blindness, the individual cannot be engaged in Substantial Gainful Activity (MPG 5-4-4).

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Proc. 22C-3

The following conditions qualify for presumptive disability:

- a) Obsolete – Reserved for future use.
- b) Amputation of a leg at the hip.
- c) Allegation of total deafness.
- d) Allegation of total blindness.
- e) Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a long-standing condition-excluding recent accident or recent surgery.

NOTE: CDHS defines long-standing as a condition that has existed for more than three months and recent as within the last three months. If the condition is due to a recent accident or surgery, PD must be delayed until the condition has existed for more than three months. At that time, if the applicant is otherwise eligible, PD must be granted beginning with the month the medical verification was received. Eligibility lasts until DDSD completes the evaluation. The condition must also be expected to last 12 months or longer.

State
Clarification

- f) Allegation of stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty in walking or using a hand or arm.

NOTE: When an application is made in the same month as the stroke occurred, State Programs-Disability Determination Service Division (SP-DDSD) must delay case development for three months beginning with the date of the stroke. PD is also delayed until the expiration of the three-month period. Once that period has expired and the applicant is otherwise eligible, PD must be granted (provided there continues to be marked difficulty in walking or using a hand or arm) beginning with the month that medical verification was received. Eligibility lasts until DDSD completes the evaluation.

g) Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy with marked difficulty in walking (e.g., use of braces), speaking or coordination of hands or arms.

h) Obsolete – Reserved for future use.

MEM
Proc. 22C-3

i) Allegation of Down Syndrome.

NOTE: Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat ridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.

j) Allegation of severe mental deficiency (i.e., mental retardation) made by another individual filing on behalf of a client who is at least 7 years of age. The applicant alleges that the client:

(1) Attends (or attended) a special school, or special classes in school because of his or her mental deficiency or is unable to attend any type of school (or if beyond school age, was unable to attend), **and**

(2) Requires care and supervision of routine daily activities (i.e., the individual is dependent upon others for personal needs which is grossly in excess of what would be age-appropriate).

k) A child is under one year of age and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pounds 10 ounces) at birth.

l) Human immunodeficiency virus (HIV) infection. Applicant must meet the HIV PD conditions listed on either the DHS 7035A or DHS 7035C, which must be completed by a medical professional who is able to confirm the diagnosis and severity of the disease. (See MPG 5-3C for details on granting PD for HIV infection.)

MEM
Proc. 22C-3

m) A child is under one year of age and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth-weight indicated:

Gestational Age (in weeks)	Weight at Birth
37-40	Less than 2000 grams (4 pounds, 6 ounces)
36	1875 grams or less (4 pounds, 2 ounces)
35	1700 grams or less (3 pounds, 12 ounces)
34	1500 grams or less (3 pounds, 5 ounces)
33	1325 grams or less (2 pounds, 15 ounces)

- n) All terminally ill individuals, whether they receive Hospice Services or not.

NOTE: An individual is considered to be terminally ill if he or she has a medical prognosis that his or her life expectancy is six months or less. Hospice care is not a requirement to receive PD.

MEM LTR
304
Proc. 22C-3.6

- o) Allegation of spinal cord injury producing inability to walk/move around without the use of a walker or bilateral hand-held assistive devices for more than two weeks, with confirmation of such status from an appropriate medical professional.
- p) End stage renal disease with ongoing dialysis verified by the completion of form CMS-2728 (or HCFA-2728), End Stage Renal Disease Medical Evidence Report-Medicare Entitlement and/or Patient Registration, by the applicant's medical provider. The medical providers maintain a stock of this form. (A copy of the original form is acceptable. See Appendix D1 and D2.)
- q) Allegation of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease).

MEM
Proc 22C-3

C. Special HIV Verification Forms and Procedures

The diagnosis of HIV must meet certain conditions listed on either the DHS 7035A (for adults age 18 or older) or the DHS 7035C (for children under 18 years of age) medical verification of HIV. In order to ensure that all necessary information is obtained, Forms DHS 7035A and/or DHS 7035C must be completed by a treating physician. Where a diagnosis of HIV infection is either suspected or made but is not confirmed by laboratory tests or clinical findings and none of the conditions shown on the HIV form(s) exist, the worker cannot find the person eligible to presumptive disability. The worker's responsibilities pertaining to these forms are as follows:

1) Applicant Alleges HIV Infection

When processing claims for individuals alleging HIV infection the workers must give the applicant the following forms:

- ▶ Cover letter (Form 14-46)
- ▶ Return envelope (must identify the worker)
- ▶ DHS 7035A (for applicants who have reached their 18th birthday)
- ▶ DHS 7035C (for children under 18 yrs. of age)
- ▶ MC 220

2) Forms Completion

The worker must ensure that the applicant has signed and dated the MC 220 "Authorization for Release of Medical Information." Forms DHS 7035A or DHS 7035C must be completed as follows:

- a) Top two boxes under "Medi-cal Release Information" must be checked.
- b) Obtain the applicant/recipient's signature, as appropriate and date.
- c) Complete the following boxes:
 - ▶ Physician's Name
 - ▶ Applicant's Name
 - ▶ Applicant's SSN
 - ▶ Applicant's Date of Birth

The appropriate information must be completed by the treatment source and returned to the County.

3) Case Processing

- a) The worker will forward the DDSD packet to the DDSD specialist at the Mission Valley District Office pending the receipt of the above forms. The worker must annotate "PD is Pending" under box 10 "Comments" section of the MC 221. Once the DHS 7035A/DHS 7035C (HIV Form) has been returned to the County, the current worker will review the form to verify that a medical professional has signed it. The worker can accept completed forms signed by a medical professional (e.g., physician, nurse, or other member of the hospital or clinic staff), who is able to confirm the diagnosis and severity of the HIV disease. If the signature is questionable, the worker can call the physician, hospital, or clinic for verification before making a presumptive disability determination.

MEM
Proc. 22C-3

The worker must make a finding of PD if any combination of blocks on the HIV form has been checked as specified in Appendix A-B.

The worker will make a finding of PD, if appropriate, even if the file has already been forwarded to DDSD. If PD cannot be determined the worker will annotate "Expedite" under the comments section on the MC 221; unless the DDSD packet has already been forwarded to the DDSD. The worker must always forward the HIV form along with any other medical evidence of record received to DDSD.

If the worker is unable to grant PD for any reason, then forward the Forms to DDSD via existing procedures.

b) 7035A or 7035C received after DDSD packet has been sent to DDSD

Prior to forwarding the HIV form to DDSD the DDSD specialist should contact SP-DDSD to determine the location of the packet (what analyst has been assigned to the case) and forward the form appropriately. A cover sheet will be attached to the form indicating the:

- ▶ Case Name
- ▶ Social Security Number
- ▶ Date the original packet was sent
- ▶ Status of the pending PD case.

4. PRESUMPTIVE DISABILITY (PD) PROCEDURE

A. Certified Eligible

If the person meets the basic and linkage requirements in Items 2.A. and 2.B. above, and has provided the worker the verifications according to Items 3.A. and 3.B.1) & 2) above, he/she will be certified eligible to Medi-Cal.

B. Presumptive Eligibility

The criteria for presumptive eligibility is listed below:

- meets the basic requirements in Items 2.A above;
- meets presumptive criteria in Item 3.B.3 (**medical condition must match the PD criteria exactly as described**);
- has not received a SSA disability denial in the past 12 months (unless PD is based on a new medical condition not previously considered by SSA); and
- is not engaged in Substantial Gainful Activity (SGA) (does not apply to applicants for the 250% Working Disabled Program, see MPG 5-4-4).

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State
Clarification

If the above criteria are met, the worker will grant presumptive eligibility beginning in the month medical verification is received. Presumptive eligibility is not allowed for retroactive months. However, if an administrative error occurs and presumptive disability was not granted at the time all PD criteria was met, the worker must activate PD back to the date the applicant met the PD requirements. A full disability evaluation referral must be sent to SP-DDSD to determine the disability eligibility for ongoing months. **All medical and non-medical documentation that was used to grant PD must be included in the disability packet before sending to SP-DDSD.** (See Appendix E, Presumptive Disability Checklist for PD reminders.)

State
Clarification

MEM
Proc. 22C-3

If the worker determines that the client is engaged in SGA, presumptive eligibility will not be granted. SGA does not apply to clients who are totally blind or blind by legal definition. County staff may determine presumptive eligibility based **only** on the 15 specific categories. If the condition is questionable, the DDSD Liaison may contact DDSD for assistance in determining whether a given case meets the PD requirements.

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Workers should explain to the applicant/beneficiary that PD only allows the county to temporarily grant Medi-Cal eligibility pending the disability determination made by DDSD. Workers should use NOA 908 for approval of presumptive eligibility or NOA 934 for

denial and indicate in the DDSD packet under the "CWD Representative Comments" column on the MC 221 if PD was approved.

If there is a delay in obtaining verification from the applicant or medical source, do not hold the DDSD packet. The packet must be forwarded to SP-DDSD since SP-DDSD can also grant PD (see below). In this case, the worker will indicate in Item 10 of the MC 221 the reason PD was not granted.

C. SP-DDSD Determination of Presumptive Eligibility

MEM
Proc. 22C-3

SP-DDSD will contact counties directly when they discover a disability case that should have been determined presumptively disabled or receive additional information indicating that presumptive disability (PD) criteria is met. If the SP-DDSD determines that a client meets the criteria for presumptive disability, the Mission Valley District Office DDSD Medi-Cal Liaison will be contacted. Based on the contact, the client will be granted presumptively eligible. The DDSD contact will be noted in the case narrative and the appropriate Notice of Action sent.

SP-DDSD will indicate the following in Item 13 on the MC 221, "PD decision phoned to County Welfare Department Liaison; received by (name of contact) on (date)." This remark will be initialed and dated. A photocopy of the MC 221 will be mailed to the Mission Valley DDSD Liaison as verification that PD was granted by SP-DDSD.

SP-DDSD will make a formal determination as quickly as possible. If disability is not established when the formal decision is made, the SP-DDSD will indicate in Item 13 on the MC 221, "Previous PD decision not supported by additional evidence."

D. Urgent Case Requests to SP-DDSD

An urgent case request to SP-DDSD must be made when the worker learns about an applicant who is in dire need of an immediate disability decision because of a life threatening medical condition, which does not exactly match PD criteria, and is substantiated by a physician or medical facility for which there is no treatment available at a county facility (San Diego County does not have a county facility). The condition must be disabling, expected to prevent work activity for 12 months or longer, and the delay caused by a formal SP-DDSD decision will pose significant problems to his/her functioning and well being. The urgent case request can be made by the Mission Valley DDSD Liaison to expedite SP-DDSD's consideration of a PD decision.

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The Mission Valley DDSD Liaison may submit an urgent case request to SP-DDSD after screening the case for PD criteria and ensuring that the applicant is otherwise eligible. The urgent case request must be faxed in order to expedite a PD decision. The fax number for the Los Angeles office is (800) 869-0188.

MEM
Proc. 22C-3

1) SP-DDSD May Grant PD for Urgent Case Requests

Prior to granting PD, SP-DDSD must evaluate specific criteria to ensure that the client will meet disability requirements when a formal decision is made. SP-DDSD must determine if the available evidence, short of that needed for a formal decision, shows a strong likelihood that:

- a) Disability will be established when complete evidence is obtained,
- b) The evidence establishes a reasonable basis for presuming the individual is currently disabled, and
- c) The disabling condition has lasted or is likely to last at least 12 months.

2) Examples of Urgent Case Requests

Five examples of urgent case requests that may be referred to SP-DDSD are as follows:

- a) An individual has suffered massive head and internal injuries, is comatose, and needs an immediate Medi-Cal decision for transfer to a facility which specializes in head trauma. While the person is expected to survive, he/she is expected to be dependent on a wheelchair for the rest of his/her life.
- b) An individual has lung cancer which has spread to the spine and vital organs. A doctor states he/she is expected to live six to 12 months longer, even with treatment, and needs aggressive therapy immediately.
- c) An individual has irreversible kidney failure caused by uncontrolled high blood pressure and is now on renal dialysis. Hospital records and doctors' outpatient notes include lab studies which confirm that kidney function has decreased over the past year and dialysis is required for the person to survive. An immediate Medi-Cal decision is necessary to transfer the patient to an outpatient renal dialysis clinic.
- d) An individual has severe diabetes. A doctor states a below knee amputation must be performed because of gangrene caused by poor circulation of both legs. The doctor sends reports from earlier hospitalizations, lab studies, progress notes, and a letter specifying the immediate need for a disability decision so that the person can be hospitalized for surgery.
- e) An individual has cancer which has metastasized (spread) to other sites in the body and he/she needs aggressive therapy or a stem cell transplant immediately.

County
Policy

3) District Actions

- a) When the worker learns of an individual who is in need of an immediate PD decision, the worker will:
 - (1) Request that the client, doctor or medical facility provide/fax a complete diagnosis, including medical reports, that verify the severity of the person's condition (e.g., hospital admission and/or discharge summaries, outpatient progress reports, x-ray reports, pathology reports, lab studies and any other reports pertinent to the disability). A letter from a physician stating that the patient will be disabled for one year is not sufficient to allow PD.

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- (2) Determine if the person is otherwise eligible (i.e. residency) and screen the request to ensure the SP-DDSD criteria above will likely be met.
- (3) Enter in Item 10 of the MC 221: "Please evaluate for PD" and "Attention: Operations Support Supervisor."
- (4) If the disability packet has already been sent to the Mission Valley Office, contact Mission Valley to identify if the disability packet has been forwarded to the SP-DDSD and the date. If the packet has been sent to the SP-DDSD, complete an MC 222. Specify in Item 9 "Urgent Case Request-Medical Reports Attached" and "Packet sent on (date)."
- (5) Attach a gram to the DDSD packet/MC 222 requesting that the Mission Valley DDSD Liaison review and process an urgent case request to SP-DDSD.
- (6) Forward the gram and DDSD packet/MC 222 with the medical evidence to the Mission Valley DDSD Liaison.

NOTE: PD cannot be granted if the client is performing SGA.

b) The Mission Valley DDSD Liaison will:

- (1) Review the urgent case request to ensure the State PD criteria will likely be met.
- (2) Fill out a fax cover sheet, including the name, phone number and fax number of the county staff person who should be contacted with the PD decision. Also include the applicant's name, Social Security number, the name and number of the treating physician and total number of faxed pages.
- (3) Fax the cover sheet and full disability packet, including the MC 220, MC 221, MC 223 and medical reports to the following number:

Los Angeles SP-DDSD: FAX (800) 869-0188

- (4) After the urgent PD request has been faxed, **immediately** call the SP-DDSD urgent PD request staff person to verify the request was received. For Los Angeles SP-DDSD, call Ms. Myra Ancla at (213) 480-6453 or Ms. Annie Trivedi at (213) 480-6410. The original packet **must** be mailed to SP-DDSD after faxing.

When necessary medical information cannot be obtained on an urgent PD request, a regular packet must be submitted and expedited handling requested in Item 10 of the MC 221. Subsequently, if medical information is received, a MC 222 should be completed and Item 9 of the MC 222 should indicate "Urgent case request. Medical reports attached and packet sent on (date.) Please evaluate for PD." The MC 222 and any medical information should be faxed using the instructions above.

4) SP-DDSD Actions

- a) SP-DDSD immediately reviews request and ensures, via systems query, that client has not been previously denied by SSA. If more information is needed to reach a PD decision, the medical source is phoned and asked to fax additional medical reports.
- b) SP-DDSD will notify the Mission Valley DDSD Liaison by phone OR by faxing a copy of the MC 221 within two working days, if possible, about its PD decision. If notification is made by phone, SP-DDSD mails a photocopy of MC 221 to the District DDSD Liaison whether PD is granted/denied. Item 16 of MC 221 shows: "PD granted/denied; phoned/faxed to the County Welfare Department (CWD) Liaison; received by (name of contact) on (date)."
- c) SP-DDSD continues processing case as quickly as possible to make a formal decision. If PD was granted and disability is not established when a formal decision is made, Item 16 of MC 221 will show: "Previous PD decision not supported by additional evidence."

7035A
ADULT CLAIMS
(age 18 or older)

The worker will make a PD finding if:

The following combination of blocks have been completed, and the blocks have been completed as indicated below:

Section A	Identifying Information
Section B	Either block has been checked
Section C	One or more blocks have been checked
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed
OR	
Section A	Identifying Information
Section B	Either block has been checked
Section D	Item 1 - has been completed showing manifestations of HIV infection that are repeated. See below and Appendix A2
Section F	Item 2 - one or more blocks have been checked Medical source's name and address have been completed
Section G	Signature block has been completed

SECTION D; ITEM 1. - "REPEATED MANIFESTATIONS OF HIV INFECTION" OF ADULT CLAIM

Section D (Both Item 1 and 2) have been completed

- ▶ Item 1 must indicate the presence of "repeated manifestations of HIV infection."

ALERT: When we refer to "manifestations of HIV infection," we mean conditions that do not meet the findings specified in Section C. (See Appendix A2 for evaluating Section D, Item 1)

"Repeated" manifestations means:

- ▶ That a condition or combinations of conditions occurs an average of 3 times a year, or
- ▶ Once every 4 months, each lasting 2 weeks or more; or does not last for 2 weeks, but occurs more than 3 times in a year or once every 4 months; or
- ▶ Occurs less often than an average of 3 times a year or once every 4 months but lasts longer than 2 weeks.
- ▶ Item 2 - at least one of the criteria shown must be checked.

**7035A
ADULT CLAIMS**

EVALUATING COMPLETION OF SECTION D; ITEM 1. - "REPEATED MANIFESTATIONS OF HIV INFECTION" OF ADULT CLAIM

IF: HIV manifestations listed in Section D include diseases mentioned in Section C; items 1-41 of the DHS 7035A, but without the specified findings discussed there (e.g., carcinoma of the cervix not meeting the criteria shown in item 22 of the form, diarrhea not meeting the criteria in item 33 of the form); or any other manifestations of HIV not listed in Section C (e.g., oral leukoplakia, myositis).*		
AND:	AND:	THEN:
Number of Episodes of HIV Manifestations in the Same 1-Year Period is:	Duration of Each Episode is:	
At least 3	At least 2 weeks	Requirement is met for PD
More than 3	Less than 2 weeks	Requirement is met for PD
Less than 3	More than 2 weeks	Requirement is met for PD
Unable to determine	Unable to determine	Refer to DAPD
* REMINDER: If there is any question as to whether the manifestation listed is a manifestation of HIV, refer to DAPD.		

ALERT: The same manifestations need not be represented in each episode.

EXAMPLES:

Manifestation(s)	Episodes	Duration	Requirement is Met?
Anemia	2	2 months each time	Yes ¹
Diarrhea	2	3 weeks each time	Yes ²
Bacterial Infection	1	22 weeks	
Pneumonia	2	1 week each time	No ³ (Refer to DAPD)

- The requirement is met based on less than 3 episodes of anemia, each lasting more than 2 weeks.
- The requirement is met based on a total of 3 episodes of diarrhea and bacterial infection, each lasting at least 2 weeks.
- The requirement is not met because there are less than 3 episodes of pneumonia and each episode did not last more than 2 weeks.

7035C
CHILD CLAIMS
(for children under 18 years of age)

The Worker Will
Make A PD Finding If:

The Following Combination of Blocks Have Been Completed, And The
Blocks Have Been Completed As Indicated Below:

Section A	Identifying Information
Section B	Either block has been checked
Section C	One or more blocks have been checked ALERT: Item 6 applies only to a child less than 13 years of age
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed

OR

Section A	Identifying Information
Section B	Either block has been checked
Section D	Item 1 - has been completed <u>AND</u> Birth to attainment of age 1 - One or more of the blocks in item 2a have been checked, <u>OR</u> Age 1 to attainment of age 3 - one or more of the blocks in item 2b has been checked, <u>OR</u> Age 3 to attainment of age 18 - At least two of the blocks in item 2c have been checked ALERT: The appropriate item 2a., b. or c. should be checked based on the child's age
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed

PRESUMPTIVE DISABILITY (PD) CATEGORIES

PD will be granted when an applicant meets any of the following conditions. If the applicant's condition does not exactly match the categories below, refer the case to SP-DAPD for an urgent PD determination. (See 5-3-4D.)

NO.	IMPAIRMENT CATEGORIES												
1	OBSOLETE – Reserved for future use.												
2	Amputation of a leg at the hip.												
3	Allegation of total deafness.												
4	Allegation of total blindness.												
5	Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition—exclude recent accident and recent surgery.												
6	Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm.												
7	Allegation of cerebral palsy, muscular dystrophy or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking or coordination of the hands or arms.												
8	OBSOLETE – Reserved for future use.												
9	<p>Allegation of Down Syndrome.</p> <p>NOTE: Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat ridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.</p>												
10	<p>Allegation of severe mental deficiency made by another individual filing on behalf of a client who is at least 7 years of age.</p> <p>For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities.</p> <p>NOTE: “Mental deficiency” means mental retardation. This PD category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and in doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.</p>												
11	A child is under one year and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pounds 10 ounces) at birth.												
12	Human immunodeficiency virus (HIV) infection. Applicant must meet HIV PD conditions listed on DHS 7035A or DHS 7035C, which are completed by a medical professional. (See MPG 5-3C.)												
13	<p>A child is under one year and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth-weight indicated:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gestational Age (in weeks)</th><th style="text-align: left;">Weight at Birth</th></tr> </thead> <tbody> <tr> <td>37-40</td><td>Less than 2000 grams (4 pounds, 6 ounces)</td></tr> <tr> <td>36</td><td>1875 grams or less (4 pounds, 2 ounces)</td></tr> <tr> <td>35</td><td>1700 grams or less (3 pounds, 12 ounces)</td></tr> <tr> <td>34</td><td>1500 grams or less (3 pounds, 5 ounces)</td></tr> <tr> <td>33</td><td>At least 1200 grams, but no more than 1325 grams</td></tr> </tbody> </table> <p>For infants weighting under 1200 grams at birth, see PD category 11.</p> <p>NOTE: Gestational age (GA). The age at birth based on the date of conception, may be shown as “GA” as noted in the available evidence, the CWD forwards the case to SP for consideration of a PD finding.</p>	Gestational Age (in weeks)	Weight at Birth	37-40	Less than 2000 grams (4 pounds, 6 ounces)	36	1875 grams or less (4 pounds, 2 ounces)	35	1700 grams or less (3 pounds, 12 ounces)	34	1500 grams or less (3 pounds, 5 ounces)	33	At least 1200 grams, but no more than 1325 grams
Gestational Age (in weeks)	Weight at Birth												
37-40	Less than 2000 grams (4 pounds, 6 ounces)												
36	1875 grams or less (4 pounds, 2 ounces)												
35	1700 grams or less (3 pounds, 12 ounces)												
34	1500 grams or less (3 pounds, 5 ounces)												
33	At least 1200 grams, but no more than 1325 grams												

NO.	IMPAIRMENT CATEGORIES
14	<p>PD will be granted to all terminally ill individuals, whether they receive Hospice Services or not.</p> <p>NOTE: An individual is considered to be terminally ill if he or she has a medical prognosis that his or her life expectancy is six months or less. Hospice care is not a requirement to receive PD.</p>
15	Allegation of inability to walk/move around without the use of a walker or bilateral hand held assistive devices more than two weeks following a spinal cord injury with confirmation of such status from an appropriate medical professional.
16	End stage renal disease with ongoing dialysis and the file contains a completed HCFA-2728 (End Stage Renal Disease Medical Evidence Report-Medicare Entitlement and/or Patient Registration). CWDs should request the HCFA-2728 form from the applicant's medical provider. This form is necessary before PD can be granted.
17	Allegation of Amytrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease)

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS

27. Date of Transplant MM / DD / YY	28. Name of Transplant Hospital	29. Medicare Provider Number for Item 28
Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation.		
30. Enter Date MM / DD / YY	31. Name of Preparation Hospital	32. Medicare Provider Number for Item 31
33. Current Status of Transplant <input type="checkbox"/> Functioning <input type="checkbox"/> Non-Functioning		
34. If Nonfunctioning, Date of Return To Regular Dialysis MM / DD / YY	35. Current Dialysis Treatment Site <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> Home	

D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)

36. Name of Training Provider	37. Medicare Provider Number of Training Provider
38. Date Training Began MM / DD / YY	39. Type of Training <input type="checkbox"/> Hemodialysis <input type="checkbox"/> IPD <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD
40. This Patient is Expected to Complete (or has completed) Training and Will Self-dialyze on a Regular Basis. <input type="checkbox"/> Yes <input type="checkbox"/> No	41. Date When Patient Completed, or is Expected to Complete, Training MM / DD / YY

I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.

42. Printed Name and Signature of Physician Personally Familiar with the Patient's Training	43. UPIN of Physician in Item 42
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E. PHYSICIAN IDENTIFICATION

44. Attending Physician (Print)	45. Physician's Phone No. ()	46. UPIN of Physician in Item 44
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PHYSICIAN ATTESTATION

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

47. Attending Physician's Signature of Attestation (Same as Item 44)	48. Date MM / DD / YY
49. Remarks	

F. OBTAIN SIGNATURE FROM PATIENT

I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.

50. Signature of Patient (Signature by Mark Must Be Witnessed.)	51. Date MM / DD / YY
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G. PRIVACY ACT STATEMENT

The collection of this information is authorized by section 226A of the Social Security Act. The information provided will be used to determine if an individual is entitled to Medicare under the End Stage Renal Disease provisions of the law. The information will be maintained in system No. 09-70-0520, "End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS)", published in the Privacy Act Issuance, 1991 Compilation, Vol. 1, pages 436-437, December 31, 1991, or as updated and republished. Collection of your Social Security number is authorized by Executive Order 9397. Furnishing the information on this form is voluntary, but failure to do so may result in denial of Medicare benefits. Information from the ESRD PMMIS may be given to a congressional office in response to an inquiry from the congressional office made at the request of the individual; an individual or organization for a research, demonstration, evaluation, or epidemiologic project related to the prevention of disease or disability, or the restoration or maintenance of health. Additional disclosures may be found in the *Federal Register* notice cited above. You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches.

H. FOR ESRD NETWORK USE ONLY IN CASES REFERRED TO ESRD MEDICAL REVIEW BOARD

52. Network Confirmed as ESRD <input type="checkbox"/> Yes <input type="checkbox"/> No	53. Authorized Signature	54. Date MM / DD / YY	55. Network Number
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CMS-2728-U3 (6-97)

PRESUMPTIVE DISABILITY (PD) CHECKLIST

The use of this checklist will help to ensure accurate PD determinations made by Eligibility Technicians (ETs).

- () Does the applicant's impairment exactly match the impairment listed on the PD categories chart? (See 5-3-C.) Applicant will be determined PD **only** if there is a match. Otherwise, submit an urgent PD request to SP-DAPD.
- () Has there been a prior SSA/SSI denial within the past 12 months? If yes, do not PD unless client alleges a new medical condition that exactly matches the PD categories chart and SSA did not previously consider the new impairment.
- () Is there a signed and dated verification of the disability/impairment from the applicant's physician or medical source? Is a copy in the DAPD packet?
 - Form 16-3 DSS; or
 - A letter from a physician, licensed or certified psychologist or authorized member of their staff; or
 - Form DHS 7035A/DHS 7035C for HIV meeting the HIV PD criteria; or
 - Form CMS 2728 (or prior version HCFA-2728) for End Stage Renal Disease (copy is acceptable).
- () Is Item 10 on the MC 221 marked "*PD approved*" and is the basis for PD (i.e. impairments) documented using only the impairments listed on the PD categories chart? (See 5-3-C.)
- () Send the DAPD packet to SP-DAPD immediately and request an urgent PD determination if there is any doubt of the impairment or verification is lacking or will be delayed. SP-DAPD can initiate a PD determination if the medical evidence supports it.
- () Is the effective date of the PD the month in which the MC 221 is completed and PD medical verification is obtained? PD is not allowed for retroactive months.